

**NOVEN**  
PHARMACEUTICALS, INC.

11960 S.W. 144th Street  
Miami, Florida 33186  
TELEPHONE (305) 253-5099  
FACSIMILE (305) 251-1887

## FACSIMILE TRANSMISSION COVER/MESSAGE PAGE

PLEASE DELIVER THE FOLLOWING 3 PAGES (INCLUDING THIS PAGE)

TO: Ms. Stokes, OIPE  
FROM: Jay G. Kolman, Esq. DATE: January 8, 2002  
RE: SN 09/768,831  
Our Docket No. NOPH/100/JGK  
Copy of Postcards

IF YOU FAIL TO RECEIVE ALL THE PAGES INDICATED OR HAVE ANY PROBLEM WITH RECEIVING THIS FACSIMILE, PLEASE CALL (305) 964-3317 AND ASK FOR:

**Kathy Hoyt**

**WARNING:** This facsimile contains **PRIVILEGED AND CONFIDENTIAL INFORMATION** intended only for the use of the Recipient(s) named above. If you are not the intended Recipient of this facsimile, or the employee or agent responsible for delivering it to the intended Recipient, you are hereby notified that any review, copying, use or dissemination of this facsimile or the information herein is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address by mail. [NOTE: Thermal paper facsimiles are highly unstable and significantly fade in a few years. Plain paper photocopies of facsimiles should be made where intended to be filed or maintained as permanent records.] Thank you.

RECIPIENT'S FACSIMILE NUMBER: 1-703-308-7751 7749

### MESSAGE/COMMENTS:

In accordance with our telephone conversation of today, attached are copies of the postcards filing the continuation application and stamped by the PTO on January 24, 2001 and our Express Mail receipt.

Thank you,

**Kathy Hoyt**

- Title: Compositions and Methods for Drug Delivery
  - Inventor: David Houze, et. al.
  - Continuation of 09/479,966 (Filed 01/20/00)
  - Utility Patent Application Transmittal Fee Transmittal
- Copies: Declaration & Power of Attorney Form  
Petition for Extension of Time

10002 U.S. PTO

09/768831



01/24/03

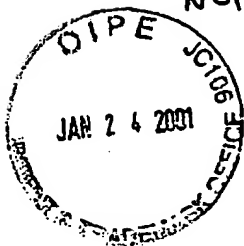
Petition for Extension of Time

S.N. 09/479,996

Compositions &amp; Methods for Drug Delivery

Inventor: David Houze et al.

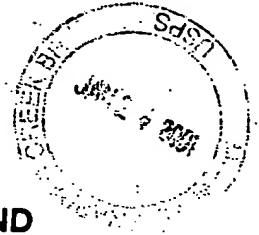
NOPT/1001JAK



UNITED STATES POSTAL SERVICE™

<b>ORIGIN (POSTAL USE ONLY)</b>		
PO ZIP Code 33116	Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 01 Day 01 Year 01	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 12.25
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 1200Z <input type="checkbox"/> 1800Z <input type="checkbox"/> 0000Z	Return Receipt <input type="checkbox"/> First-class <input type="checkbox"/> Registered Mail
Weight lbs 3 ozs	Int'l Alpha Country Code	Country of Origin
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials N/A	Total Postage & Fees \$ 12.25

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS



Customer Copy

**CUSTOMER USE ONLY****METHOD OF PAYMENT:**

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

☐ **WAIVER OF SIGNATURE** (Do not use unless you are a business or government agency and you are providing a signature guarantee or insurance for the item.)  
If you are a business or government agency, you must provide a signature guarantee or insurance for the item. If you are a private individual, you must provide a signature guarantee or insurance for the item.

☐ **NO DELIVERY** (Do not use unless you are a business or government agency and you are providing a signature guarantee or insurance for the item.)  
If you are a business or government agency, you must provide a signature guarantee or insurance for the item. If you are a private individual, you must provide a signature guarantee or insurance for the item.

**FROM: (PLEASE PRINT)**

PHONE (305) 253-5099

Jay G. Kolman  
Noven Pharmaceuticals, Inc.  
11960 SW 14th St.  
Miami, FL 33186

**TO: (PLEASE PRINT)**

PHONE 202-786-9199

Assistant Commissioner for  
Patents  
Washington, DC 20031

FOR PICKUP OR TRACKING CALL 1-800-222-1811



Label 11-B October 1995



UNITED STATES POSTAL SERVICE™

**POST OFFICE TO ADDRESSEE E1601313275US**

<b>ORIGIN (POSTAL USE ONLY)</b>		
PO ZIP Code 33116	Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 01 Day 01 Year 01	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 12.25
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 1200Z <input type="checkbox"/> 1800Z <input type="checkbox"/> 0000Z	Return Receipt <input type="checkbox"/> First-class <input type="checkbox"/> Registered Mail
Weight lbs 3 ozs	Int'l Alpha Country Code	Country of Origin
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials N/A	Total Postage & Fees \$ 12.25

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS



Customer Copy

**CUSTOMER USE ONLY****METHOD OF PAYMENT:**

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

☐ **WAIVER OF SIGNATURE** (Do not use unless you are a business or government agency and you are providing a signature guarantee or insurance for the item.)  
If you are a business or government agency, you must provide a signature guarantee or insurance for the item. If you are a private individual, you must provide a signature guarantee or insurance for the item.

☐ **NO DELIVERY** (Do not use unless you are a business or government agency and you are providing a signature guarantee or insurance for the item.)  
If you are a business or government agency, you must provide a signature guarantee or insurance for the item. If you are a private individual, you must provide a signature guarantee or insurance for the item.

**FROM: (PLEASE PRINT)**

PHONE (305) 253-5099

Jay G. Kolman  
Noven Pharmaceuticals, Inc.  
11960 SW 14th Street  
Miami, FL 33186

**TO: (PLEASE PRINT)**

PHONE 202-786-9199

Assistant Commissioner for  
Patents  
Box Patent Application  
Washington, DC 20031

TOTAL P.03